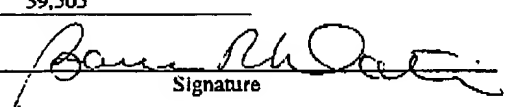
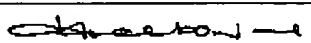


NOV 29 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CM03228J
In re Application of	Shahriar Emami	
Application Number	09/626,551	Filed July 27, 2000
For	TEXT COMP[RESSION METHOD AND APPARATUS	
Group Art Unit	2819	Examiner Khai M. Nguyen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00 \$120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 450.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1020.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1590.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2160.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117.	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.:	39,505 )
<input checked="" type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a)	
	Registration number if acting under 37 CFR 1.34(a)	39,505
Nov. 29, 2005 Date		 Signature Barbara R. Doutre Type or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 2 form(s) are submitted	
CERTIFICATE OF EXPRESS MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:		
Typed or printed name	Vernice V. Freebourne	Date: Nov. 29, 2005
Signature		

11/30/2005 CNGUYEN2 00000015 502117 09626551

01 FC:1251 120.00 DA